

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Sept. 18, 2019

Case Number: 20-23

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Jenny Bauman DAN Moezzi  
Premise Name: Phoenix Veterinary Referral Emergency  
Premise Address: 4015 E. CACTUS Rd  
City: Phoenix State: AZ Zip Code: 85032  
Telephone: 602-765-3700

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Shirley Boren  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

RECEIVED

SEP 18 2019

**C. PATIENT INFORMATION (1):**

Name: Snappy Griffin  
Breed/Species: Chihuahua 6 LBS  
Age: 15 years Sex: female Color: Brown

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

1. Dr. Lieberman @ Banfield Hospital  
1745 W. Bethany, PHX AZ 85015  
602-249-3100  
"Banfield was closed 7/6/19"
2. Dr. Jenkins @ ALTA VISTA hospital  
4706 N. 72 Ave PHX AZ 85013  
602-277-1464  
"And 7/7/19 so took Snappy  
"to ALTA VISTA"

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

JACK Griffin  
[Redacted Address]  
[Redacted Phone Number]

JACK is my son, special needs, owner of PET.  
I Am his Care giver.

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Shelly Boren

Date: 9-9-2019

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See ATTACHED LETTER for Complete Complaint. 4 Pages.

High Lighted issues.

1. Intake Nurse said  
No Visitors. After PET is Admitted  
When we Ask To see our PET before we Left her.  
After PET died, was Told This was Told in Error.
2. "STAT" on ULtra Sound To  
determine Where PET was bleeding  
Scheduled to be done 8:30 Sun morning 7/7  
Was Never performed.  
After death of PET was Told ULTA Sound  
was NOT Available UNTIL Monday 7/8  
had They Told me This  
my decision would be Take PET That  
Could Provide This Service To  
Another hospital.
3. ASKING for Refund of Part of Payment  
of \$1,663.00

my Name is Shirley Boren, I Am A Care Giver  
To my son Jack Griffin, of Special Needs  
A 55 years old man who is owner of  
PET. in question. "Snappy Griffin"

On July 6 Took my PET, Snappy, To Phoenix Vet  
Referral Emergency hospital, @ 9:30 PM.

Referred by ALTA Vista hospital to Get A  
ULTRA Sound And Blood Transfusion, STAT,

ALTA Vista Could not Provide Services because  
They did not have Proper ULTRA Sound Equipment  
And could not give blood transfusion because  
of their hours of closing was 10:00 PM.

PET Needed 24 hour Service for Transfusion.  
Records was sent to Phoenix Vet Emergency.

Entering Phx Vet Emergency we was greeted by  
A "person" who took PET back in Room. Dr. Bauman  
Put us in Room when over what she could do And would  
do. Based on ALTA Vista Records of Blood work, she  
ordered ULTRA Sound for 8:30 Next morning, she STATED  
was going to start Blood Transfusion. Tonight.  
Gave me A paper to Sign of what she would be doing  
And COST of \$2000.00 plus if all was needed.

I Signed To Get Started, They ASK for 75% down  
I put on Bay A Card. I ASK for A copy, was TOLD  
they send (mail) me A copy. I never got that copy  
After PET Death was mailed A copy that had been  
changed. with final fees.

Page 2

We ASK if we Could Say Goodbye To PET.  
Nurse Said No VISITORS Allowed once Dog WAS  
Admitted. I didnt understand That but  
Agreeded for her To hold PET Thru Door for us  
To Kiss PET. We Left.

I was Told No VISITORS but Could Call To Check  
ON PET.

They would Call with updates.

We received ~~NO~~ Calls on ANY updates  
I Called 5 or 6 Times, Each Time A Doctor  
Came on phone with Everything was Good. Thats All.

Took Blood Transfusion Well, ULTRA Sound would be  
done Sunday. The 8:30 Call I made on July 7 ASK  
About ULTRA Sound, I was Told to be done  
Later in day because She wa doing good  
With Transfusion. I was Never Told The ULTRA  
Sound machine was NOT Available until Monday.  
Each Time I Called PET was Good.

UNTIL my 3:30 Call on July 7 To hospital.

Dr Dan moeZZi Told me All was Good

he mentioned Changing Seizure pills ?

he mentioned Steroids Given ?

he mentioned Blood CLOTS ? ULTRA Sound To be done  
What was he saying ?

AT 3:45 First Call from Vet hospital Came in To  
my home Dr. moeZZi said Cant get A heart beat.

hung up we drove To hospital, was greeted  
by A person with No Comments. Dr. Could not Even  
look us in the eye, "just Said No body Expected  
this To happen, Sonny"

Page 3

He Left. Nurse Came in with Pet in a blanket  
And handed my Son A Dead Dog. our beloved Pet.  
I didnt understand

how Could my Son of Special needs  
Know what To Expect.

We Still have nightmare of This  
Scene. "So Cold, So uncaring"

"Picture Attached"

I ASK why? I ASK what happened?

I ASK why was we NOT called?

I ASK why was we NOT Allowed To  
Visit To Say Goodbye?

She said she was sorry, we could have  
visited, we was misinformed by The  
Nurse. That we was NOT Allowed To Visit  
Nurse was new and didnt know The Rules.  
We could have visited our Pet. She said  
meeting was held for Staff And This  
would not happen Again. But my Pet is Dead!

"We Could not believe what she was saying"  
This is ALSO why we didnt get A copy of  
Signed Agreement on July 6;

Nurse ALSO said Ultra Sound was never done  
as promised because the machine was NOT  
available on weekends!!

Why WAS I NOT Told This, I would have  
taken Pet To Pearl Emergency, Another

Page 4

24 hr hospital for Treatment Needed.  
Nurse did say "Sorry for These Mistakes  
IT WONT happen Again!

No ONE Knew why, how, or why PET died.  
ONLY What They Suspected.

No one would Take my Calls AT hospital  
I CONTACTED Dr Anthony Loomis, head Doctor  
of PET VET Owner ships. Located in Another  
STATE. Phone # 1-732-300-2679

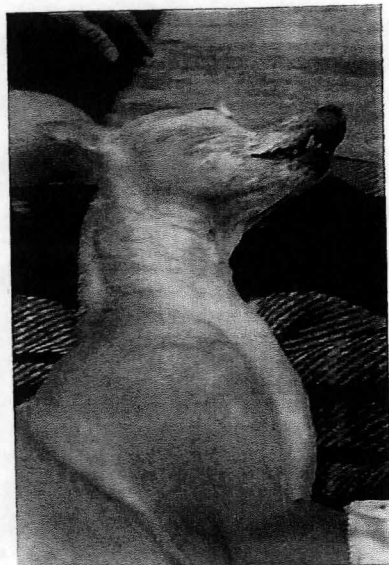
We talked Couple Times

He LISTENED To my Concerns, he followed up  
with me on his research And said he was  
Sorry of The Errors And IT would not happen  
Again. He ADMITTED Errors was made by nurse  
STATEMENT. And he didnt know if  
ULTRA Sound would make Any difference !! what !!  
he was Sorry ULTRA Sound was not Done!  
he was refunding my Son \$175.00 in Good faith, because  
of The mistake of not GETTING Proper Goodbye.  
We talked About TAKING Son OUT for A nice dinner  
and maybe A Lego set.

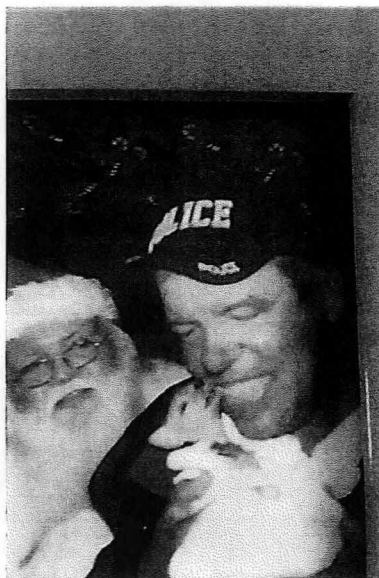
I did Tell Dr Loomis I had disputed The  
charge With B of A. for Inappropriate Services.  
he believed \$175.00 was justified.

Remember, ITS NOT just That our beloved PET  
died. ITS The unknown, ITS The Services fell  
through The cracks. ITS The unqualified Knowledge  
of The "Nurse" or Staff. JUST The way IT ALL  
happened. We have NO Closure. Im ASKING  
Refund paid In Amount of \$1,663.00

R.L.D. B.



← at hospital  
when nurse  
handed Jack  
this pet

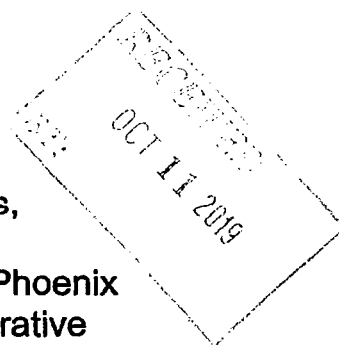


← When  
we  
got  
our  
pet



Dear Arizona State Veterinary Medical Examining Board Members,

My name is Dr. Jenny Bauman, DVM. I work as a veterinarian at Phoenix Veterinary Referral and Emergency. Please accept this as my narrative account with respect to the inquiry for Snoopy Griffin, Case No. 20-23.



Snoopy Griffin presented on July 6, 2019 at 9:05 p.m. for evaluation of ataxia, crying out at home, and anorexia of three days duration. According to her owner, Snoopy was seen at Banfield on July 5, 2019 for similar signs and prescribed Rimadyl. According to the Patient History Form completed by the owner, Banfield told her that her pet was fine. On July 6, 2019, the owner took Snoopy to Alta Vista for evaluation due to ongoing clinical signs. Alta Vista performed bloodwork that showed severe anemia, elevated white blood cells, elevated ALP, elevated bilirubin, and elevated blood urea nitrogen.

During the consultation with the owner, she reported that she presented tonight due to Snoopy's worsening condition, including an episode at home where Snoopy appeared to stop breathing, rolled over, and stretched at home.

On physical examination, Snoopy had white mucous membranes, dull mentation, and an elevated heart rate. A critical assessment was requested and approved by the owner. An IV catheter 20g was placed in the right cephalic vein and a venous blood gas and PCV/TS performed while the consultation with the owner was in progress.

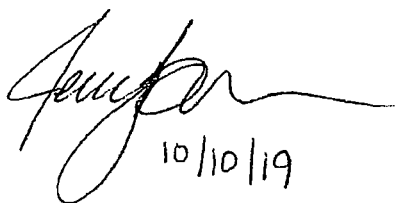
I discussed the physical examination abnormalities with the owner, outlined the differentials with the owner based on the physical examination and the bloodwork performed earlier in the day at Alta Vista, and discussed immune-mediated hemolytic anemia (IMHA) specifically, including possible causes, prognosis, treatment, and diagnostic recommendations. The owner approved the estimate of care for the initial 24 hours of hospitalization, additional diagnostics, and pRBC transfusion. I also discussed with the owner the possibility of an ultrasound on July 7, though we would have to contact the radiologist (Dr. Roth) in the morning to see if she was available. We could not guarantee the time of the ultrasound until Dr. Roth was contacted. The owner visited with Snoopy in the examination room prior to the initiation of treatment in the hospital.

At 12:00 a.m. on July 7, I communicated with the owner and indicated she would receive an update call from the morning veterinarian between 8:30 and 9:30 a.m. and that the ultrasound would be determined based on Dr. Roth's availability. Specifically, the medical record notes:

JEB: 07-07-19 at 12:03a: Updated Mrs. Griffin. Advised of her IMHA conclusion based on current bloodwork. Cannot rule out GI bleeding but with proteins high it is less likely. Currently getting blood transfusion and tolerating that well. Ultrasound tomorrow will be determined after we call Dr. Roth. Update call expected between 8:30-9:30am

Snoopy tolerated her pRBC transfusion without complications. Her PCV/TS was rechecked and had not improved significantly, so we administered additional volumes of pRBC overnight. Snoopy again tolerated this transfusion without complications. She also received IV fluids, GI protectants, and phenobarbital overnight.

We delayed the initiation of dexamethasone for treatment of IMHS due to very recent NSAID administration and planned to begin this medication on July 7 along with ongoing GI protectants. At 7:00 a.m., case rounds were performed, and patient care was transferred to Dr. Moezzi, DVM. I did not have any further role in the treatment of this patient.

  
10/10/19



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Dawn Halbrook – Compliance Specialist  
Mary Williams - Assistant Attorney General

**RE:** Case: 20-23  
Complainant(s): Shirley Boren  
Respondent(s): Jenny Bauman, D.V.M. (License: 6132)

**SUMMARY:**

Complaint Received at Board Office: 9/18/18  
Committee Discussion: 12/3/19  
Board IIR: 1/15/20

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On July 6, 2019, "Snoopy," a 15-year-old male Chihuahua was presented to Alta Vista Animal Hospital for evaluation. The dog was ataxic and hyporexic. Blood work revealed anemia and possible IMHA – hospitalization was recommended and declined. The dog was discharged. The dog returned later that evening due to his condition worsening and recommendations were made for the dog to be seen at an emergency facility.

The dog was presented to Respondent for evaluation on emergency; the dog was hospitalized for treatment and diagnostics, including blood transfusion and possible ultrasound.

The following day, the dog passed away.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared with Counsel, David Potts.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Shirley Boren*
- Respondent(s) narrative/medical record: *Jenny Bauman, DVM*
- Consulting veterinarian(s) narrative/medical record: *Alta Vista Veterinary Hospital*

**PROPOSED 'FINDINGS of FACT':**

1. On July 6, 2019, the dog was presented to Dr. Jenkins at Alta Vista Veterinary Hospital. Complainant reported the dog had been unable to walk for 3 days, had a humped back, and was unable to keep balance when standing – there was no interest in eating and drinking was disoriented and lethargic. Complainant further stated that the dog was seen at Banfield the previous day for a dental. The dental was unable to be performed due to elevated liver values. The dog started Rimadyl 25mg chewable that day and was on Phenobarbital to control seizures.

2. Dr. Jenkins examined the dog and recommended blood work. Complainant stated that blood work was performed at Banfield and she was waiting for the results, but approved radiographs and a PCV and TP at that time. PCV = 14%; TP = 8.0; Dr. Jenkins strongly recommended performing additional blood work to help diagnose the cause of the dog's anemia – Complainant agreed. Based on the blood results, Dr. Jenkins was concerned for either a GI bleed or red cell destruction, such as IMHA or red cell aplasia. He recommended hospitalization for a blood transfusion; Complainant declined and wanted to treat the dog on an outpatient basis. Dr. Jenkins did not want to send the dog home on high doses of prednisone and elected to treat for a GI bleed. He advised Complainant that the dog may have a disease that may require prednisone to treat and the dog could die from his current state. The dog was administered 100mLs of SQ fluids, famotidine and Cerenia and discharged with sucralfate and famotidine tablets. A prescription was also written for gabapentin and it was recommended that the dog be rechecked the next day.

3. Later that day, the dog was presented to Dr. Fraser at Alta Vista Veterinary Hospital. The dog was lethargic, pale and falling over. Since the premises was closing soon, Dr. Fraser recommended taking the dog to a 24 hour emergency hospital.

4. That evening the dog was presented to Dr. Bauman at Phoenix Veterinary Referral and Emergency. Complainant reported that the dog had been ataxic, crying out at home and anorexic for the past three days. The dog was seen at Banfield with similar signs and was prescribed Rimadyl – Complainant stated she was told the dog was fine. The dog had an episode at home where the dog stopped breathing, rolled over and stretched. The dog was currently on phenobarbital, denamarin (due to phenobarbital administration), Rimadyl and heartworm medication.

5. Upon exam, Dr. Bauman found a weight = 3.22kg, a temperature = 100.7 degrees, a heart rate = 150bpm and a respiration rate = 18rpm; BP = 142 and mucous membranes were white. A grade I-II/VI heart murmur was noted along with moderate generalized ataxia and dull mentation. Complainant signed a critical assessment authorization; an IV catheter was placed and blood was collected (severe anemia, elevated BUN, leukocytosis, neutrophilia) and radiographs were performed (normal geriatric thorax, enlarged liver).

6. Dr. Bauman discussed the exam abnormalities with Complainant and outlined the differentials, specifically IMHA, including possible causes, prognosis, treatment, and diagnostic recommendations. An estimate of care was created which included, 24 hours of hospitalization, additional diagnostics, and pRBC transfusion. Dr. Bauman also discussed the possibility of an ultrasound, although the radiologist would need to be contacted in the morning to check

availability. Complainant approved the estimate.

7. Dr. Bauman stated that Complainant visited with the dog in the exam room prior to the initiation of treatment. According to Complainant, she was told that they could not visit the dog once admitted however, technical staff allowed Complainant to kiss the dog while she held the dog through the door.

8. At midnight (7/7/19), Dr. Bauman updated Complainant advising that based on blood work, IMHA was her conclusion. She could not rule out GI bleed but with proteins high, it was less likely. The dog was currently getting a blood transfusion and was tolerating it well. The ultrasound would be determined the next day after contacting Dr. Roth. Complainant would be updated in the morning.

9. At 3:30am, Dr. Bauman documented that the dog's PCV = 19%. Due to limited improvement, she elected to administer additional pRBCs. The dog did appear brighter than on presentation but remained ataxic when ambulating.

10. The dog was receiving Plasmalyte, pantoprazole and phenobarbital. Dr. Bauman wanted to discuss with Complainant about reducing the dog's dose of phenobarbital, if possible; she felt it was a very high dose. Dr. Bauman wanted to start dexamethasone later that day – administration was delayed due to Rimadyl administration by Complainant. The dog's care was transferred to Dr. Moezzi, Dr. Bauman's associate, at 7:00am.

11. Dr. Moezzi examined the dog and found a weight = 3.22kg, a temperature = 98 degrees, a heart rate = 100bpm and a respiration rate = 20rpm; mucous membranes = icteric. The dog was quiet and responsive with a grade I – II/VI heart murmur; scleras were icteric and ambulation was normal. Dr. Moezzi stated that he called Complainant to discuss the dog's presumptive diagnosis of IMHA and starting dexamethasone sodium phosphate. They discussed that IMHA can occur due to phenobarbital therefore it was discussed switching to a different anticonvulsant. Other causes discussed included GI ulceration and neoplasia. Anti-thrombotics were considered, however since the dog had been recently given Rimadyl, there was some concern for GI bleed; Dr. Moezzi did not want to prolong any GI bleed. If the IMHA was due to a neoplastic condition and the dog was to undergo surgery, he did not want the dog to be put at a higher risk of bleeding. An ultrasound could have ruled out a cancerous process.

12. Dr. Moezzi stated in his narrative that Dr. Bauman discussed an ultrasound with Complainant to further rule out GI ulcer or neoplasia, and determine if there was any other cause for the IMHA.

13. At 1:00pm (according to the treatment sheet), the dog's PCV = 16% and TP = 8.8. Dr. Moezzi administered the dog Dex SP 4mg/mL (0.23mLs) - 0.9mg IV. The dog had a temperature = 97.6 degrees, a heart rate = 120bpm, a respiration rate = 36rpm and a BP = 94mmHg. Due to the blood pressure, the dog was bolused 60mLs of Plasmalyte and placed on heat support, blood pressure increased to 100mmHg.

14. Dr. Moezzi noted that he spoke to Complainant; the dog did not appear more clinical for his anemia at that time and vitals were within normal limits. The plan was to continue to monitor the

PCV every 4 – 6 hours. Dr. Moezzi explained that he suspected the underlying disease was IMHA and they should continue treatment as such until further diagnostic information was obtained via abdominal ultrasound. He further suggested discontinuing phenobarbital and switching to keppra that evening.

15. At 3:45pm, the dog was found unresponsive and CPR was initiated. Dr. Moezzi contacted Complainant to advise her of what transpired. He explained that he did not think the arrest was from the low blood count but suspected it was from a clot to the dog's brain which is a complication of IMHA. CPR was continued and Complainant headed toward the premises.

16. After Complainant arrived, Dr. Moezzi met with her. She asked how this happened. Again Dr. Moezzi stated that he suspected that the dog had a clot, and it was unlikely due to the anemia. Complainant was concerned that it was due to the change of anticonvulsant medication – Dr. Moezzi stated that the medication had not been changed, the plan was to switch to keppra that evening. Complainant elected to discontinue CPR and visit with the dog.

17. Complainant was concerned that an ultrasound had not been performed. Dr. Moezzi stated in his narrative that Dr. Roth had been contacted with a tentative plan to perform the ultrasound that evening – he assumed Dr. Roth was unavailable earlier. He did not feel an ultrasound would have changed the outcome and believes the incident was likely due to a thromboembolism.

18. Complainant was also upset that they were not allowed to visit the dog prior to hospitalization. Technical staff advised Complainant, after the dog died, that she had been told that in error that evening and the team has been educated on their visitation policy.

### **COMMITTEE DISCUSSION:**

The Committee discussed that from a medical standpoint the case was managed appropriately. Complainant believed that since an ultrasound was not performed, something wrong had occurred. The treatment the dog received, based on the lab results, was proper with or without an ultrasound. However, an ultrasound might have determined if there was a neoplasia in the abdomen. AIHA or IMHA can be caused by any number of factors. The dog's condition was serious; not only was she anemic, there were other abnormalities as well.

Communication is a key element and according to the medical records, the Communication was adequate, however, it could always be better. The Committee did not feel it rose to the level of a violation.

The Committee understood the concerns and sympathized with Complainant regarding the uninformed staff member giving out inaccurate information regarding visitation policies. It appears that the premises made changes with respect ensuring staff was aware of visitation policies due to this incident.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

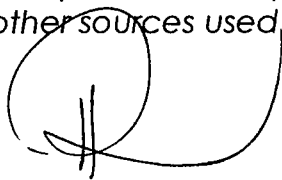
**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

A handwritten signature in black ink, consisting of a large, stylized 'R' with a vertical line through it, positioned above a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division